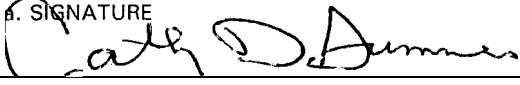


COMMUNICATION SERVICE AUTHORIZATION

| 1. AUTHORIZATION | | 2. AUTHORIZATION | | 3. CIRCUIT OR BILL NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|----------------------------|---|----------------------------------|----------------------------|-------------------|--|-----------------|--------------|---|--|--|--|--|--------------------|--|--|--|--|---------------------------------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| a. NUMBER | b. DATE (YYMMDD) | a. NUMBER | b. DATE (YYMMDD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TF3F 01 | 990709 | DCA200-96-H-0041 | 96 APR 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FROM (Include Zip Code) 38 LS/LGCX 4022 HILLTOP ROAD, SUITE 202 TINKER AFB OK 73145-2713 BUYER: EMILY GREGG (405) 734-9759 DSN: 884-9759 | | | 5. SUBMIT BILLS FOR CERTIFICATION TO (Include Zip Code) 12 CS/SCMPS 151 J STREET EAST STF 100 RANDOLPH AFB TX 78150-4342 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. TO (Communications Company) 1. COMPANY NAME SOUTHWESTERN BELL TELEPHONE CO 2. ADDRESS 1) STREET ATTN: JERRY ENLOE 1010 PINE STREET ROOM 12-E-74 2) CITY ST LOUIS (3) STATE MO (4) ZIP CODE 63101 | | | 7. TELEPHONE NUMBER TO CONTACT FOR DETAILS (Include Area Code) TASHA PREINE DSN: 487-7666 8. AUTHORIZATION. In accordance with provisions of the contract indicated above of which this authorization forms a part, authority is hereby given to communications company indicated in Item 6 to establish or perform services for official use as prescribed below at: SEGUIN AUXILIARY AIRFIELD SEGUIN TX 78155 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. SERVICE(S) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 50%;">DESCRIPTION a.</th> <th rowspan="2" style="width: 10%;">NUMBER b.</th> <th rowspan="2" style="width: 10%;">NON-RECURRING CHARGE c.</th> <th colspan="2" style="width: 30%;">d. RATE PER MONTH</th> </tr> <tr> <th style="width: 15%;">PER UNIT (1)</th> <th style="width: 15%;">TOTAL (2)</th> </tr> </thead> <tbody> <tr> <td colspan="5">This modification is being issued to add line items to authorize payment of National Number Portability Cost Recovery Charges to the CSA.</td> </tr> <tr> <td colspan="5">I. SCHEDULE</td> </tr> <tr> <td colspan="5">0006 Number Portability Charges</td> </tr> <tr> <td colspan="5">0006AA Local Number Portability Charge Per Business Line (\$.48 per line)</td> </tr> <tr> <td colspan="5"> AUTHORITY: Contracting Officer's authority to make administrative changes and FCC directive provided in Tariff. Annual Funds Certification Letter Dated 24 Sep 98 UNDCITE: 5793400309643155848103492525000 EFFECTIVE DATE: 8 Jul 99 </td> </tr> </tbody> </table> | | | DESCRIPTION a. | NUMBER b. | NON-RECURRING CHARGE c. | d. RATE PER MONTH | | PER UNIT (1) | TOTAL (2) | This modification is being issued to add line items to authorize payment of National Number Portability Cost Recovery Charges to the CSA. | | | | | I. SCHEDULE | | | | | 0006 Number Portability Charges | | | | | 0006AA Local Number Portability Charge Per Business Line (\$.48 per line) | | | | | AUTHORITY: Contracting Officer's authority to make administrative changes and FCC directive provided in Tariff. Annual Funds Certification Letter Dated 24 Sep 98 UNDCITE: 5793400309643155848103492525000 EFFECTIVE DATE: 8 Jul 99 | | | | | | | |
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| | | | PER UNIT (1) | TOTAL (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10. DISBURSING OFFICER MAKING PAYMENT a. TYPED NAME (Last, First, Middle Initial) DAO-DE/RAFS (ATTN: JOEDY) 12. AUTHORIZING OFFICIAL a. SIGNATURE  b. TITLE JOHN T SUMMERS/CATHY D SUMMERS CONTRACTING OFFICER c. GRADE GS-12 | | | 11. DISTRIBUTION SEE DISTRIBUTION SHEET Page 1 of 1 MAILING DATE 09 JUL 1999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. ACCEPTANCE a. NAME OF CONTRACTING FIRM | | | b. SIGNATURE OF CONTRACTOR'S REPRESENTATIVE c. DATE SIGNED (YYMMDD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |